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**STUDEBAKER & BRACKETT PC**

One Fountain Square  
 11911 Freedom Drive, Suite 750  
 Reston, VA 20190

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/577,359	02/21/2007	Jennifer Susan GREGORY	745691-43	5040

**TITLE OF INVENTION:** APPARATUS FOR PREDICTING BONE FRACTURE RISK

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	06/21/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
BITAR, NANCY	2624	382-128000

- |  |  |   |
|--|--|---|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b></p> | <p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> | <p>1. <u>STUDEBAKER &amp; BRACKETT PC</u></p> <p>2. <u>Donald R. Studebaker</u></p> <p>3. _____</p> |
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- PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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Authorized Signature /Donald R. Studebaker/

(Date) June 21, 2010

Typed or printed name Donald R. Studebaker, Registration No. 32,815

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